

# OAH-5 TRANSCRIPT ESTIMATE REQUEST

[Rev 9/25/00]

PLEASE RETURN COMPLETED FORM TO OAH FOR PROCESSING  
AN “OAH33 TRANSCRIPT COST ESTIMATE” WILL BE SENT TO YOU  
BASED ON THE INFORMATION YOU PROVIDE BELOW  
**TRANSCRIPT WILL BE RELEASED WHEN *FULL PAYMENT IS RECEIVED***

REQUESTOR'S NAME			
MAILING ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER		FACSIMILE NUMBER	

CASE NAME:	OAH #:
AGENCY:	AGENCY #:

LIST ALL HEARING DATES REQUESTED. IF PARTIAL TRANSCRIPT IS REQUESTED, PLEASE DESIGNATE BY DATE, TIME (e.g., morning only) OR BY WITNESS (e.g., testimony of Dr. Smith) :

TYPE OF REQUEST: ☐ FULL TRANSCRIPT ☐ PARTIAL TRANSCRIPT ☐ ASCII DISK ☐ CONDENSED TRANSCRIPT

ADDITIONAL COSTS APPLY FOR A COPY OF HEARING EXHIBITS OR FILE DOCUMENTS. THOSE ITEMS ARE NOT A PART OF THE TRANSCRIPT:

☐ EXHIBIT(S)  
☐ OTHER [e.g. PRETRIAL MOTION, ORDERS OR COPY OF TAPE]  
List item(s):

NUMBER OF COPIES REQUESTED: \_\_\_\_\_ Transcript \_\_\_\_\_ Exhibits \_\_\_\_\_ Other Items

☐ Regular Processing Rate (21-25 days to prepare)  
☐ Expedited Rates: ☐ 2 – 7 Days preparation ☐ 8 – 14 Days preparation ☐ 15 – 20 Days preparation  
If Expedited, date delivery of transcript needed: \_\_\_\_\_

**ONE BOX MUST BE CHECKED BEFORE REQUEST CAN BE PROCESSED**

☐ THIS TRANSCRIPT IS NOT FOR JUDICIAL REVIEW  
☐ \*\*THIS TRANSCRIPT IS FOR JUDICIAL REVIEW AS OUTLINED IN GOVERNMENT CODE §§11523 & 69950

**\*\* Please attach a copy of the cover page of the petition as filed with the superior court (which MUST include the Superior Court case number and the Court's official “date filed” stamp).**

I CERTIFY THAT THE INFORMATION SHOWN ABOVE IS CORRECT AND  
UNDERSTAND IT WILL BE USED IN DEVELOPING THE ESTIMATED COST

SIGNATURE OF REQUESTING PARTY

DATE

RETURN REQUEST TO: Office of Administrative Hearings, Attn: Transcript Coordinator  
560 J Street, Suite 300, Sacramento, CA 95814